

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594576

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1				52						
3			2				53						
4			2				54						
5			3				55						
6			0				56						
7			0				57						
8			0				58						
9			1				59						
10			1				60						
11			2				61						
12			0				62						
13			0				63						
14			1				64						
15			1				65						
16			1				66						
17			3				67						
18			0				68						
19			0				69						
20							70						
21							71						
22							72						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.	←	2	1	←		←	TOTAL DEP.	←	2	1	←		←
TOTAL CLAIMS			24				TOTAL CLAIMS						